

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10659485

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	68	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	68 minus 20=	48
INDEPENDENT CLAIMS	6 minus 3=	3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=	63	OR X\$18=	
X42=	126	OR X84=	
+140=		OR +280=	
TOTAL	432	OR TOTAL	

CLAIMS AS AMENDED - PART II

2/02/2004 (Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	63	Minus	68
Independent	6	Minus	6	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

smis 1-26-07

amdt 1-16-07

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>	OR X\$18=	
X42=	<input checked="" type="checkbox"/>	OR X84=	
+140=	<input checked="" type="checkbox"/>	OR +280=	
TOTAL ADDT. FEE	0	OR TOTAL ADDT. FEE	

(Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	63	Minus	68
Independent	6	Minus	6	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>	OR X\$18=	
X42=	<input checked="" type="checkbox"/>	OR X84=	
+140=	<input checked="" type="checkbox"/>	OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

(Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	63	Minus	68
Independent	6	Minus	6	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>	OR X\$18=	
X42=	<input checked="" type="checkbox"/>	OR X84=	
+140=	<input checked="" type="checkbox"/>	OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.